

Knights of Summer at Blessed Sacrament School 2017
Permission and Emergency Notification

Child's Name: _____ Date of Birth: _____

Permission and Liability Waiver: The camper, named above, has permission to fully participate in all Knights of Summer activities at Blessed Sacrament School during the summer 2017 term. I, as parent or legal guardian, do hereby grant the BSS staff the right to authorize emergency medical treatment for the camper named above in the event that I or my designated representative cannot be reached. I agree to hold harmless BSS and its agents from liability arising out of an accident situation. The NC Good Samaritan Law will apply. Our Emergency Procedures involve the following steps a) calling 911 in a life threatening emergency, then the parents b) for non-emergency treatment, parents are contacted first, then relatives/friends listed, then paramedics or child's physician. We will transport to the ER upon physician recommendation.

Signature: _____ Relationship: _____ Date: _____

Parent Information:

Parent/Guardian: _____ Email (please print): _____
Phone: Home: _____ Work: _____ Cell: _____
Address: _____

Parent/Guardian: _____ Email (please print): _____
Phone: Home: _____ Work: _____ Cell: _____
Address: _____

Names of relatives or friends in the event that parents/guardians cannot be reached: (VERY IMPORTANT)

Name: _____ Work Phone: _____ Home: _____ Cell: _____
Name: _____ Work Phone: _____ Home: _____ Cell: _____

Significant Medical Information:

Family Physician: _____ Phone: _____ Dentist: _____ Phone: _____
Health Insurance Co: _____ Policy #: _____ Holder: _____
Hospital preference: _____ Chronic Conditions: _____
Allergies (medications, insect stings, food, & other) & other medical or developmental information (attach a separate sheet):

Date of last tetanus shot or current? _____ Contact lenses? _____ Asthma Inhaler? _____
Current Medications: (do not list vitamins/do include bee sting kits) _____

If your child needs Ibuprofen, Tylenol or other medication during the day and you would like BSS personnel to provide any of these medicines, please sign below to authorize him/her to do so. I give permission to provide to my child:
Ibuprofen _____ Tylenol _____ Other _____ Signature: _____

FIELD TRIP PERMISSION & PUBLICITY RELEASE FORM:

My child has my permission to participate in field trips and neighborhood walks and other activities off the school grounds that are supervised by the staff of BSS in which my child is enrolled. I understand that all children if they go on field trips will travel in authorized vehicles. (Note: BSS assumes no financial responsibility or liability for injuries during such activities. Permission for your child to attend a BSS Summer Program constitutes your agreement to this waiver.)

Signed: _____ Date ____/____/2017

Please select from one of the two statements below

I give permission to Blessed Sacrament School to use my child's photo and/or quotes for public relations purposes.
Signed: _____ Date ____/____/2017

I do not give permission to Blessed Sacrament School to use my child's photo and/or quotes for public relations purposes.
Signed: _____ Date ____/____/2017